



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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Expedited Partner Therapy (EPT) for the Treatment of Chlamydia and Gonorrhea Frequently Asked Questions

1. If a partner is allergic to penicillin can they participate in EPT? *The protocol for EPT for chlamydia is azithromycin. Chlamydia is the most common infection for which EPT can be used. Azithromycin belongs to a different group of antibiotics called macrolides. Penicillin belongs to the penicillin group. Azithromycin is commonly prescribed to persons with allergies to penicillin.*

*The EPT protocol for gonorrhea is cefixime **plus** azithromycin. Cefixime belongs to a class of drugs called cephalosporins. Third and fourth generation cephalosporins, such as cefixime, rarely cause reactions in persons with allergies to penicillin. However, since penicillin's and cephalosporins are related structurally, it is not recommended that people with a history of penicillin allergy be given cefixime. If the partner is known to be allergic to penicillin, EPT for gonorrhea infection is not appropriate. The partner should be referred to a physician.*

2. If a partner is allergic to azithromycin or cefixime what are the alternatives? *The protocol for EPT is azithromycin for chlamydia and cefixime **plus** azithromycin for gonorrhea. If the partner is known to be allergic to these medications, EPT is not appropriate and the partner should be referred to a physician.*

3. Will EPT save Michiganders money? *In a study published in the Journal of the American Sexually Transmitted Disease Association by Gift et.al, in 2011, it was concluded that "EPT has a lower cost from a societal or health care system perspective than standard partner referral and treats more partners."*

4. What are the "costs" when partners don't get treated for these infections? *There are many to both the patient and the partner. Studies show that approximately 20% of persons with chlamydia and gonorrhea will be re-infected within 3 months. The most common cause of re-infection is an untreated partner. It would cost almost a million dollars annually to diagnose and treat the repeat infections. Of even greater concern is, because most cases of chlamydia and gonorrhea in females have no symptoms, these repeat infections goes undiagnosed; and, up to 15% result in pelvic inflammatory disease (PID). In 2012 it is estimated that Michigander's spent over \$4 million (\$ 4,098,560) to treat PID that resulted from repeat STD infections and an additional \$2 million (\$ 1,939,750) in lost productivity due to undiagnosed infections and resultant PID.*

For more information, contact Karen Krzanowski, STD Section, (517) 241-0870.